

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12981

STATE FILE NUMBER

63-049883

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 9 1964

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

ST. LOUIS, MO.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits

Yes ☐ No ☐

c. CITY
OR
TOWN

St. Louis

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

ST. LOUIS CITY HOSP. #1

Inside Limits

Yes ☐ No ☐

d. STREET
ADDRESS

(If outside, give location)
4143a Grove St.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

RUTH

REID

4. DATE
OF
DEATH

Month

Day

Year

12

28

63

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-23-1897

9. AGE (last birthday)

66

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Leather Worker

10b. KIND OF BUSINESS OR INDUSTRY

Leather Co.

Minneapolis, Minn.

U.S.A.

13a. FATHER'S NAME

Nels Brenna

13b. MOTHER'S MAIDEN NAME

Johanna Laurence

James G. Reid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

unknown

17. INFORMANT

James G. Reid

14. NAME OF HUSBAND OR WIFE

James G. Reid

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CARCINOMATOSIS - WIDESPREAD

DUE TO (b)

CARCINOMA OF THE OVARY

DUE TO (c)

175-0

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/28/63 to 12/28/63 and last saw her alive on 12/28/63
Death occurred at 9:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Donald K. Beck M.D.

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

12/29/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal-rail

23b. DATE

12-30-63

23c. NAME OF CEMETERY OR CREMATORY

Hillside Cemetery

23d. LOCATION (City, town, or county)

Minneapolis, Minnesota

24. FUNERAL DIRECTOR

ADDRESS

Suedmeyer & Sons

3934 N. 20th St.

25. DATE RECD. BY LOCAL REG.

DEC 30 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

OK

Valent S. Taylor

12-30-63

Coroner

75-0

75

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

working under my personal supervision.

Signature of Student Embalmer _____

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting

If this body is not embalmed, fact should be so stated above.